# FORM D

	UNITED STAT	res
SECURITIES A	ND EXCHAN	GE COMMISSION
Was	shington, D.C.	20549

# FORM D

Mail Processing 800S A O MAL

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** LOCUNIFORM LIMITED OFFERING EXEMPTION

110	ں ال	0		
OMB	APPRO	OVAL		
OMB Num		3235-0076		
Expires:	April	30,2008		
Expires: April 30,2008 Estimated average burden				
hours per response16.00				

111717/

SEC	USE O	NLY
Prefix		Serial
DA	TE RECEIV	ED

hingto"	,	
Name of Offering We change this is an amendme	ent and name has changed, and indicate change.)	
Vending Ventures, Inc.		חשפפשח
Filing Under (Check box(es) that apply):	:: 504 🔲 Rule 505 🔽 Rule 506 🔲 Section 4(6)	D INTOE LUCCEOPER
Type of Filing:		JAN 1 0 2008
	A. BASIC IDENTIFICATION DATA	/ THOMACON!
1. Enter the information requested about the issue		THOMSON
Name of Issuer ( check if this is an amendment	and name has changed, and indicate change.)	)
Vending Ventures, Inc.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
6451 Southwest Blvd, Fort Worth, TX 76132		817-233-4002
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Vending and distribution of Sport Drink and be	verages	
	partnership, already formed other (	please spec 08020305
Actual or Estimated Date of Incorporation or Organi: Jurisdiction of Incorporation or Organization: (Ente		mated

## GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain al information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

			A. BASIC IDE	entii	FICATION DATA				
2. Enter the information re-	quested for the foll	owin	:g:						
• Each promoter of the	he issuer, if the issi	uer h	as been organized w	ithin t	he past five years;				
Each beneficial own	ner having the powe	r to v	ote or dispose, or dir	ect th	e vote or disposition (	of, 10	% or more o	f a clas	s of equity securities of the issuer.
Each executive offi	cer and director of	corp	orate issuers and of	corpo	rate general and man	aging	partners of	partne	ership issuers; and
• Each general and m	nanaging partner of	`part	nership issuers.						
Check Box(es) that Apply:	Promoter		Beneficial Owner	Ø	Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if Saenz, Prudence	findividual)								
Business or Residence Addres 6451 Southwest Blvd, Fo			, City, State, Zip Co	dc)					
Check Box(es) that Apply:	Promoter		Beneficial Owner	Z	Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, it Holton, Larry	individual)					_			• " •
Business or Residence Addres 3451 Southwest Blvd, Fort			, City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if Davis, William S.									
Business or Residence Addres			, City, State, Zip Co	dc)					
6451 Southwest Blvd, For	t Worth, TX 761	32							
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it	individual)								
Business or Residence Addres	ss (Number and S	Street	, City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Addres	ss (Number and S	Strect	, City, State, Zip Co	dc)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if									
Business or Residence Addres	ss (Number and S	Street	, City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Addres	ss (Number and S	Street	, City, State, Zip Co	de)					
	(Lice blan	k che	et or convionduce	additi	onal conice of this el	eet n	d pacaccomi	<u> </u>	

Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?  3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  550 N 159th Street East Suite 200, Wichita, Ki3 67230  Name of Associated Broker or Dealer  MMR Investment Bankers, Inc  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)					
Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?  Yes No  3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to lested are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  550 N 159th Street East Suite 200, Wichita, Kt3 67230  Name of Associated Broker or Dealer  MMR Investment Bankers, Inc  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)					
2. What is the minimum investment that will be accepted from any individual?					
3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  550 N 159th Street East Suite 200, Wichita, Ki\$ 67230  Name of Associated Broker or Dealer  MMR Investment Bankers, Inc  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)					
3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each purson who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  550 N 159th Street East Suite 200, Wichita, Kt3 67230  Name of Associated Broker or Dealer  MMR Investment Bankers, Inc  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)					
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  550 N 159th Street East Suite 200, Wichita, Kt3 67230  Name of Associated Broker or Dealer  MMR Investment Bankers, Inc  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)					
If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  550 N 159th Street East Suite 200, Wichita, KS 67230  Name of Associated Broker or Dealer  MMR Investment Bankers, Inc  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  ALL AK AZ AR ZA GO CT DE DC LA GA HI LID  ALL AK AZ AR LA GO CT DE DC LA GA HI LID  MT NE NY NH LY NM NY NC ND OH QK OR RA					
or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  550 N 159th Street East Suite 200, Wichita, Kt\$ 67230  Name of Associated Broker or Dealer  MMR Investment Bankers, Inc  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)					
Business or Residence Address (Number and Street, City, State, Zip Code)  550 N 159th Street East Suite 200, Wichita, Kt\$ 67230  Name of Associated Broker or Dealer  MMR Investment Bankers, Inc  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR AZ					
Business or Residence Address (Number and Street, City, State, Zip Code)  550 N 159th Street East Suite 200, Wichita, Kt\$ 67230  Name of Associated Broker or Dealer  MMR Investment Bankers, Inc  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR ZA CO CT DE DC BL GA HI WO MA MI MN MS MO MT NE NW NH W NW NW NW NW NW NA OR RA					
Name of Associated Broker or Dealer  MMR Investment Bankers, Inc  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)					
MMR Investment Bankers, Inc  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR ZA CO CT DE DC EL GA HI UZ  IN IA IZ ZY LA ME MD MA MI MN MS MO  MT NE NV NH ZY NM NV IC ND OH QK OR PA					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR ZA CO CT DE DC EZ GA HI YOUNG MT NE NV NH W NV NC ND OH OK OR RA					
AL AK AZ AR ZA ÇO CT DE DC BL GA HI LØ  VC IN VA VS XY LA ME MD MA MI MN MS MO  MT NE NV NH VI NM NV VC ND OH QK OR RA					
W. IN WA WE KY LA ME MD MA MI MN MS MO MT NE NW NH W NM NW WC ND OH OK OR RA					
W. IN WA WE KY LA ME MD MA MI MN MS MO MT NE NW NH W NM NW WC ND OH OK OR RA					
MT NE NW NH NM NW NC ND OH OK OR RA					
RI SC SD TN DX UT VT WA WAA WAY WI WAY PR					
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Name of Associated Broker or Dealer					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
(Check "All States" or check individual States)					
AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO					
MT NE NV NH NJ NM NY NC ND OH OK OR PA					
RI SC SD TN TX UT VT VA WA WV WI WY PR					
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Name of Associated Broker or Dealer					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
(Check "All States" or check individual States)					
AL AK AZ AR CA CO CT DE DC FL GA HI ID					
IL IN IA KS KY LA ME MD MA MI MN MS MO					
MT NE NV NH NJ NM NY NC ND OH OK OR PA					

C. OFFERING PRICE	NUMBER OF	INVESTORS.	EXPENSES	AND USE	OF PROCEEDS

	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt		\$_0.00
	Equity	\$	\$_0.00
	Convertible Securities (including warrants)	c 2,000,000.00	0.00
	Partnership Interests		\$ 0.00
	·	•	\$ 0.00
	Other (Specify)	a	·
	Total	\$	3_0.00
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:	Aggragata
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		<b>s</b>
	Sales Commissions (specify finders' fees separately)	_	\$ 160,000.00
	Other Expenses (identify) Non-Accountable Expense allowance	_	\$ 60,000.00
	Total		\$ 220,000.00

<u> </u>	C. OFFERING I RICE, NUMBER OF INVES	TORS, EXIENSES AND USE OF TR	OCEEDS	
	b. Enter the difference between the aggregate offering price given i and total expenses furnished in response to Pat C — Question 4.a. T proceeds to the issuer."	his difference is the "adjusted gross		\$
5.	Indicate below the amount of the adjusted gross proceed to the issue each of the purposes shown. If the amount for any purpose is no check the box to the left of the estimate. The total of the payments if proceeds to the issuer set forth in response to Part C — Question	ot known, furnish an estimate and isted must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		<u>\$ 122,600.00</u>	<b>\$</b>
	Purchase of real estate		\$	_   \$
	Purchase, rental or leasing and installation of machinery and equipment		\$	
	Construction or leasing of plant buildings and facilities		\$	<b>\$</b>
	Acquisition of other businesses (including the value of securities offering that may be used in exchange for the assets or securities issuer pursuant to a merger)	of another	s	\$_100,000.00
	Repayment of indebtedness		<b>\$</b>	\$
	Working capital		\$	<b>5</b> 138,400.00
	Other (specify): Interest Reserve		\$	\$ 220,000.00
	Product			
			<b>\$</b>	<b>2</b> \$ 80,000.00
	Column Totals		<u>\$ 122,600.00</u>	<b>2</b> \$ 1,657,400.00
	Total Payments Listed (column totals added)		<b>✓</b> \$_1,7	780,000.00
	D. FEDERA	AL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned du mature constitutes an undertaking by the issuer to furnish to the U.S. information furnished by the issuer to any non-accredited investor	Securities and Exchange Commissi	on, upon writter	request of its staff,
Iss	uer (Print or Type) Signature	Da	ite ,	
Ve	ending Ventures, Inc.	lu sam	12-20	フ
Na	me of Signer (Print or Type) Title of Signer	er (Print or Type)		
Pπ	idence Saenz President			

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE
1.	· · ·	R 230.262 presently subject to any of the disqualification  Yes  No
		See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby un D (17 CFR 239.500) at such tim	ndertakes to furnish to any state administrator of any state in which this notice is filed a notice on Formes as required by state law.
3.	The undersigned issuer hereby u issuer to offerees.	indertakes to furnish to the state administrators, upon written request, information furnished by the
4.	limited Offering Exemption (UL	ts that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform OE) of the state in which this notice is filed and understands that the issuer claiming the availability of establishing that these conditions have been satisfied.
	uer has read this notification and kno athorized person.	ows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned
Issuer (	(Print or Type)	Signature
Vendin	g Ventures, Inc.	Miden 11000 12-2007
Name (	(Print or Type)	Title (Print or Type)
Pruder	nce Saenz	President

President

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed